

Smart Biz Package - Proposal Form

การประกันภัยสมาร์ทบิซอินสแตนซ์แพคเกจ - ใบคำขอเอาประกันภัย



1. Name of the Insured:

2. Contact Address:
 Zip Code..... Contact telephone number.....

3. Insured Premises: As above otherwise please state below

4. Business:

5. Year of business operation Year

6. Period of Insurance: Start (dd/mm/yy): 12.00 hours Expiry (dd/mm/yy): 12.00 hours

7. Insured property:	Property Description	Property Value
<p>Note: For maximum benefit, the Insured shall declare a list of any item no. 7.2 and 7.3 with values exceed Baht 30,000.00 to the Company.</p>	7.1 Building <input type="checkbox"/> (excluding foundation) <input type="checkbox"/> (including foundation)	_____ Baht
	7.2 Contents;	
	A) Contents in Building and office supplies i.e. furniture, electrical appliances	_____ Baht
	B) Personal effects i.e. clothing (in case living in the Insured premises)	_____ Baht
	C) Equipment for facilitation and entertainment	_____ Baht
	7.3 Machinery & Equipment including tool of trade Except boiler	_____ Baht
	7.4 Stocks (please specify)	_____ Baht
	.....	_____ Baht
Total Value:		_____ Baht

Remark : If you want to insure the following items : mobile phone, palm, photographic equipment, notebook/laptop , copy machine, facsimile machine and air-conditioner , please add up the sum insured in 7.2 A)

8. Insurable interest on property Owner Tenant Others (please specify):.....

9. Building occupied as: Office Home & Office Building Retail Shop
 Factory Warehouse Others:

10. Distance from neighborhood (wall to wall)

	Distance	Please specify Occupancy Type
Front	..... m.	.....
Left	..... m.	.....
Right	..... m.	.....
Rear	..... m.	.....

11. Building structure:

Wall	Upper floor	Roof structure	Roof
<input type="radio"/> Brick	<input type="radio"/> Concrete	<input type="radio"/> Concrete	<input type="radio"/> Tile
<input type="radio"/> Brick/wooden	<input type="radio"/> Wooden	<input type="radio"/> Steel	<input type="radio"/> Concrete
<input type="radio"/> Wooden		<input type="radio"/> Wooden	<input type="radio"/>

Build in: Year No. of floor : Area:square m.

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Note: In case of wooden building structure, please contact the Company, your agent or broker.

12. Fire Protection :
- | | | |
|---|--|--|
| <input type="radio"/> Portable extinguisher | <input type="radio"/> Fire alarm | <input type="radio"/> Smoke or Heat Detector |
| <input type="radio"/> Hydrant inside building | <input type="radio"/> Hydrant outside building | <input type="radio"/> Sprinkler |

13. The nearest fire brigade from the insured Premises kms. Approximate response time minutes.

14. Is there any security guard watch the Premises? No Yes shift / day

15. If the Building is occupied as a factory, please describe the production process of your goods or products.

.....

16. No. of family members who live with the Insured: Total..... Family members..... Employees.....

17. Estimated Annual Turnover Baht

18. Estimated Annual Wages/payroll Baht

19. Are you the owner / user or responsible for any of the following in the course of your business?

- | | | | |
|----------------------------|--|----------------------------|--|
| • Passenger or Goods Lifts | <input type="radio"/> Yes <input type="radio"/> No | • Steam Pressure Apparatus | <input type="radio"/> Yes <input type="radio"/> No |
| • Elevators , Hoist Cranes | <input type="radio"/> Yes <input type="radio"/> No | • Docks, Quays , Wharves | <input type="radio"/> Yes <input type="radio"/> No |

20. Does your work involve the use, manufacture or storage of any of the following ?

- | | |
|---|--|
| • Radioactive substances or other sources of ionising radiation | <input type="radio"/> Yes <input type="radio"/> No |
| • Asbestos or Silica | <input type="radio"/> Yes <input type="radio"/> No |
| • Chemicals, gases, explosives or other hazardous substances | <input type="radio"/> Yes <input type="radio"/> No |

21. Do any of your trade processes produce toxic or dangerous waste?

Yes No

22. Do such activities involve the use of welding or cutting plant or other equipment involving the application of heat?

Yes No

If yes, do you have any 'hotwork permit' in place?

Yes No

23. Name of the beneficiary who shall be named in the Policy (i.e. Bank or Financial Institution)

Yes No

If yes, please specify

24. Detail of loss which occurred during the last 5 years whether insured or not.

Property damage:

Public Liability:

25. Have you ever been denied or cancelled the insurance policy?

Yes No

26. Please indicate the amount insured for the coverage you need: (Specify the amount as the proportion of "the overall amount insured")

Coverage	Indicative	Required Limit	
	<u>Sum Insured</u>	<u>%</u>	<u>Amount (Baht)</u>
Section 1- Building & Contents			
1. Fire, Lightning, Explosion, Smoke Damage, Aerial Device, Water Damage, Earthquake, Windstorm, and Vehicle Impact	100%	100%	100% of property value
2. Riot & Strike	50%		.....
3. Temporary removal of the Insured Property outside the premises	5%		.....
4. Burglary, robbery, gang robbery and theft with any forcible and violent entry or exit including 4.1 and 4.2	10 % Max 500,000		.....
4.1. Building repair following the break-in	2.5 % Max 100,000		.....
4.2. Cost of replacement of locks and keys following the break-in	2.5 % Max 50,000		.....
5. Loss of or damage to electrical appliances	5 % Max 2,000,000	
6. Breakage of fixed glass and fixed mirror	2.5 % Max 500,000.00	

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7. Rent, loss of rent, and accommodation expenses for temporary stay while the building is repaired following the loss caused by any insured perils	180,000.00 Max 3 months		180,000.00
8. Compensation in case the Insured or people living with him permanently, including his employee, have death or permanent disability from the insured perils	200,000 per person 400,000 in aggregate		200,000.00 400,000.00
9. Professional fee	5 % Max 200,000.00		.....
10. Expenses on demolition and salvage removal after the loss	5 % Max 200,000.00		.....

Coverage	Indicative	Required Limit	
Section 1- Building & Contents - continued	<u>Sum Insured</u>	<u>%</u>	<u>Amount (Baht)</u>
11. Expenses on fire fighting	5 % Max 200,000.00		.....
Limits on liability for "additional extensions" under this Section (The Company reserves the right for underwriting consideration)			
12. Flood	Not Coverage		.....
13. Loss of cash	50,000.00		.....
14. Compensation of income on loss of trade opportunity (within.....months/ each month.....baht)	72,000.00		.....
Maximum liability of the Company under Section 1			

Section 2 - Public Liability	<u>Sum Insured</u>	<u>%</u>	<u>Amount (Baht)</u>
15. Total limits of liability for bodily injury and damage to the Property of the third party for each occurrence of an accident and maximum throughout the period of insurance	1.5 % SI Max 2 M.		.....
16. Employer's liability (per occurrence of an accident and from illness on each time of employment)	1,500,000.00		.....
17. Compensation on medical cost on the premises of the Insured Property	20,000.00		.....
Limits on liability for "additional extensions" under this Section			
18. Legal liability from fire and explosion	25 % of PL	
Maximum liability of the Company under Section 2			

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Remarks

- The Property which is exclusive from SmartBizPackage are valuable jewelry, antiques, valuable paintings, and cash
- The Insured premises include surrounding property such as fence but exclude swimming pool
- The minimum premium for "SmartBizPackage" is Baht 1,000 inclusive of stamp duty and VAT

I hereby certify that the above mentioned statement are true and correct and agree to have this proposal form a part of the insurance contract between myself and the Company.

7

The signature of the Insured

7

Date

This insurance application will not be in effect until the Company accept the application.
Important Notice: Pursuant to Section 862 of the Thai Civil and Commercial Code, the Insured must disclose all information in this proposal form, fully and faithfully, otherwise the Policy issued hereby may be void.

ThaiSri Insurance Co., Ltd.

126/2 Krungthonburi Road, Klongsan, Bangkok 10600, Thailand

Tel: 66(0)2-878-7111, 860-8001 Fax: 66(0)2 439-4840-44 Internet: www.thaisri.com

Agent/
Broker

Kanokwan Dabbs

Code: AG03091